URBAN SELF-HELP REGIONAL AND STATEWIDE USAGE REPORT

URBAN SELF-HELP	Project Name and Num	nber		
Refer to Urban Self-He requirements.	elp regulations 301 CM	R 5.01:1 & 4 f	or clarification o	f regional and statewide
1. Is the referenced proRegional	orStatewide			
2. What is the population	on of the applying mun	icipality?		
3. What municipality(s) populations according Municipalities: Populations:	to the 1990 state census	s? 		facility center and what are their
				growth/decline (in %) over the past elow) should be provided for each
Building Density Population Household Growth	Most Recent Year		Year 3	Year 4 Average
5. What Metropolitan S facility? (refer to attach	` ,	are located wit	hin one hour driv	ving time from the recreational
6. What age groups are	Age Group: Facil			e these age groups.
7. What is the proposed	d total quantity of vehic	cle parking space	ces?	
8. If regularly schedule	ed public transportation	serves the site	briefly describe	mode and regularity of services.
9. List the proposed qu Toilets men Sinks Potable Water			e present.	

1

10. Total number of acres associated with project site:	
11. List any outstanding or unusual scenic, natural, or historic resources associated with the swaterfalls, historic structures, cultural resources)	ite, (i.e. overlook
12. List any additional facilities or recreational resources not included in item above:	_
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